



University Hospitals Application for Employment

- | | | |
|--|--|--|
| <input type="checkbox"/> Bedford Medical Center | <input type="checkbox"/> Geneva Medical Center | <input type="checkbox"/> University Hospitals Corporate |
| <input type="checkbox"/> Conneaut Medical Center | <input type="checkbox"/> Home Care Services | <input type="checkbox"/> University Hospitals Case Medical Center |
| <input type="checkbox"/> Extended Care Campus | <input type="checkbox"/> Richmond Medical Center | <input type="checkbox"/> University Hospitals Medical Group |
| <input type="checkbox"/> Geauga Medical Center | <input type="checkbox"/> University CompCare | <input type="checkbox"/> University Hospitals Management Services Organization |

Position Applied For: Equipment Technician Vacancy #: _____

Date Available to Begin Employment: 2.20.16 Desired Rate of Pay: \$ Open

Check all Employment Shifts you are Available for:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> Full Time | <input checked="" type="checkbox"/> Day | <input checked="" type="checkbox"/> Day/Evening Rotation | <input checked="" type="checkbox"/> On-Call |
| <input checked="" type="checkbox"/> Part Time | <input checked="" type="checkbox"/> Evening | <input checked="" type="checkbox"/> Day/Night Rotation | <input checked="" type="checkbox"/> Weekend |
| <input checked="" type="checkbox"/> Temporary Work | <input checked="" type="checkbox"/> Night | <input checked="" type="checkbox"/> Evening/Night Rotation | <input checked="" type="checkbox"/> PRN |

Nursing Specialty areas of interest:

- | | | | |
|------------------------------------|---|--|--|
| <input type="checkbox"/> Adult ICU | <input type="checkbox"/> Medical/Surgical | <input type="checkbox"/> Pediatric ICU | <input type="checkbox"/> Skilled Nursing |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Podiatry | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> HomeCare | <input type="checkbox"/> Oncology | <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Telemetry |

LAST NAME: <u>Wilson</u>	FIRST NAME: <u>Camille</u>	M.I.: <u>-</u>
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Please list all maiden, former, or alternate names ever used: CARPENTER

PERMANENT ADDRESS: 16327 Del Rey Ave Cleveland Ohio 44128
STREET ADDRESS, CITY, STATE, ZIP

PRESENT ADDRESS: _____
If different from above
STREET ADDRESS, CITY, STATE, ZIP

PHONE NUMBER: Home: 216 751-7620 Cell: 216 965-5570 Work: _____ Email Address: m3cwilson71@yahoo.com

Are you at least 18 years of age? ☒ Yes ☐ No
Are you a U.S. Citizen or otherwise eligible to work in the U.S.? ☒ Yes ☐ No
By law, all persons are required to provide documentation establishing identity and employment authorization upon hire.

Have you been previously employed by University Hospitals or any subsidiary or affiliate of UH?
☐ Yes ☒ No If yes: From _____ to _____ Location: _____ Position: _____

Are you related to anyone at University Hospitals or any subsidiary or affiliate of UH?
☒ Yes ☐ No If yes, whom? BIANCA WILSON Relationship: Daughter Location: Pediatric ICU

Were you referred by a current UH employee? ☐ Yes ☐ No If yes, by whom? _____

CONVICTION RECORD:
Have you ever been convicted of a violation of a law other than a minor traffic violation? ☐ Yes ☒ No
Have you ever been excluded, sanctioned or debarred by a governmental agency? ☐ Yes ☒ No
If yes, please explain: _____

PLEASE NOTE: Conviction of a crime will not necessarily disqualify an applicant from employment. Failure to indicate a conviction, regardless of the recency or severity, will be considered a falsification of this employment application, which is a disqualifier from further consideration, and if already hired, is grounds for immediate dismissal and termination of employment.

List present or most recent employer first. Include all employment for the past five (5) years.
All previous employment within this timeframe is relevant, therefore, extra page(s) will be provided upon request.
A resume is not a substitute for an employment application.
Please note: If you worked for a staffing/temporary agency, please list the agency contact information. Do not list the company information where you completed the assignment.

Company Name:	Huron Hospital	Company Phone No.:	216 761-3300
Address:	13951 Terrace Rd ^{East} Cleveland 44112	Supervisor Name:	Mr. Tim Price
Job Title:	Department Secretary	Supervisor Title:	Manager
Job Duties:	Administrative and Clerical duties	Dates of Employment:	From: 11-08 To: presented
	Coordinates office activity including transcription of reports, correspondence, billing, greeting patient + visitor, scheduling	Salary: (open)	Start: End:
		May we contact your present Employer?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ^{NO} Reason
		Reason for Leaving:	presented on job search

Company Name:	Huron Hospital	Company Phone No.:	216 761-3300
Address:	13951 Terrace Rd ^{East} Cleveland 44112	Supervisor Name:	Ms Linda Rahman
Job Title:	Patient A	Supervisor Title:	
Job Duties:	Patient Registration, Insurance verification, Customer Service, Medical coding ^{ICD-9 cm coding CPT}	Dates of Employment:	From: 6-8 To: 11-08
		Salary: open	Start: End:
		Reason for Leaving:	Promotion

Company Name:	Huron Hospital	Company Phone No.:	216 761-3300
Address:	13951 Terrace Rd ^{East} Cleveland	Supervisor Name:	Ms. Dawn Cameron
Job Title:	Unit Coordinator	Supervisor Title:	Manager
Job Duties:	Customer Service, Scheduling, Appointment, Doctor orders, office duties, Administrative duties	Dates of Employment:	From: 3-07 To: 6-08
		Salary: open	Start: End:
		Reason for Leaving:	Promotion

Company Name:	GOODDEEDS Provider Services	Company Phone No.:	216 451-4859
Address:	P.O. Box 28555	Supervisor Name:	Mrs Della Carpenter
Job Title:	Manager	Supervisor Title:	Assistant Manager
Job Duties:	Recruitment Interview, Managerial duties, Payroll, Inventory, HR procedures, Budgeting, Insurance verification	Dates of Employment:	From: 1997 To: 2005
		Salary: 75,000 per	Start: open End: open
		Reason for Leaving:	

EDUCATIONAL RECORD:			
LEVEL OF EDUCATION	NAME DEGREE WAS OBTAINED UNDER	NAME OF SCHOOL AND LOCATION	DEGREE OBTAINED? Y/N
12 grade	Arpenter Camille	LINCOLN West High Cleveland, Ohio	Science Diploma Y
2 yrs	AAS	Cuyahoga Community College Cleveland, Ohio	Science AAS (Y)
2 yr	ALA	Cuyahoga Community College Cleveland, Ohio	Arts ALA (Y)

PROFESSIONAL LICENSE/CERTIFICATION			
TYPE	LICENSE NUMBER	STATE	EXPIRATION DATE

ADDITIONAL TRAINING:				
ACLS: (Exp Date)	BCLS: (Exp Date)	ANA: (Exp Date)	CCRN: (Exp Date)	Other: (Exp Date)

ARMED FORCES RECORD:	
Present Classification:	Branch:
Nature of Duties:	Highest Rank:

PROFESSIONAL REFERENCES (PLEASE DO NOT LIST FRIENDS OR FAMILY)		
NAME	TITLE	PHONE NUMBER
Vantana Manollin	Minister	216 533-5279
Douglas Jones	Minister	216 341-2373
Dr. Valerie Cooper	Professor/Instructor	216 249-2711

Referral Source:

<input type="checkbox"/> Advertisement	<input checked="" type="checkbox"/> Internet (Which site?) <u>whospital.org</u>
<input type="checkbox"/> Job or Career Fair/Open House	<input type="checkbox"/> Public Agency
<input type="checkbox"/> College Recruitment	<input type="checkbox"/> Phone or Mail Solicitation
<input type="checkbox"/> Department/Management Referral	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Employee Referral	

READ CAREFULLY BEFORE SIGNING ON NEXT PAGE

It is the Policy of University Hospitals (UH) to provide equal opportunity to all of our employees and applicants for employment. Decisions concerning employment, transfers and promotions or other conditions of employment are all made upon the basis of the best qualified candidate without regard to color, race, religion, national origin, age, sex, disability, ancestry or status as a disabled or Vietnam era veteran.

It is also a policy of UH to provide a drug-free work place and to protect the safety and well-being of all its employees, patients and visitors. Use or possession of drugs or alcohol while on the job, on company premises or company business or being under the influence at any such time is strictly prohibited and is grounds for immediate termination and removal from premises.

- I hereby certify that all answers and statements made on this application are complete and true to the best of my knowledge. I understand that any misleading statement, misrepresentation, and/or omission of information may cause this application to be rejected or be cause for termination of employment. I further understand that notwithstanding any offer of employment which may follow this application, final offer of employment will be based on my timely completion, to the satisfaction

of UH, of all UH's pre-employment requirements and procedures including interview(s), reference checks, verifications, and employment entrance examinations at an employee health clinic, and other appropriate procedures deemed necessary from time to time by UH. I am hereby specifically aware of, understand and agree to the following:

- A post offer medical examination, including drug testing, will be required. I understand that any job offer is contingent upon successful completion of the medical examination and UH's receipt of satisfactory drug screen results and I agree to provide access to previous medical records and sign all required authorizations and/or releases if reasonably required.
- During my employment, if I am hired, I will agree to submit to medical examinations to determine my fitness to perform my job in the interest of my safety and well-being and that of UH, its patients, visitors, and other employees. These examinations may include testing for drugs and/or alcohol, as often as needed or determined by my supervisor or a representative of the UH department of Human Resources or the UH Law Department during my employment where reasonable suspicion of my use or dependency may exist or where other circumstances reasonably require.
- I further understand and agree that the failure of UH to request any such physical examination shall not be construed as an admission or other acknowledgement by UH that I am physically qualified to perform any specific type of services.
- Refusal to submit to an alcohol and/or drug testing in accordance with UH policy at any time may result in immediate discharge and termination of employment. I also understand that failure to pass an alcohol or drug test at any time during employment may result in corrective action up to and including immediate discharge and termination of my employment.
- I understand and acknowledge that UH is a "smoke free" work place. Smoking is prohibited throughout the interior premises of UH. UH reserves the right to alter or amend its smoke free work place policy at any time and on UH property.
- My criminal record may be examined in connection with your consideration of this application or in the future during my employment and I hereby authorize any lawful examination of my criminal record. A conviction of a violation of a law other than a minor traffic violation occurring prior to or following commencement of employment may result in action up to and including immediate discharge and termination of employment.
- I authorize organizations, former employers and other persons to give information about me to UH and I hereby release them from all liability for honestly responding to inquiries and request for references from UH about me.
- I understand an inability to contact my present employer may subject my application to delay or inability to process.
- I will observe and comply with all rules, regulations, policies, and procedures (collectively, "Policies") as they relate to UH employees as adopted or amended from time-to-time. I understand that such Policies are adopted for specific and important reasons and violation of these can subject me to corrective action up to and including immediate discharge and termination of employment. I agree that I will familiarize myself with all such Policies and ask questions of my supervisor or the Human Resource Department whenever I do not understand anything about them.
- In the event that I am hired and satisfy all pre and post offer contingencies, my employment will be at-will, and not for any specific period of time, will not constitute an employment contract, and that either I or UH will be free to terminate the employment relationship at anytime for any reason or no reason. I also understand and agree that no one has authority to vary this understanding except in writing directed to me and signed by an authorized officer of UH. Please note that some executive positions may require the signing of an employment contract which will be reviewed with the candidate at the time of offer.
- I will be bound by these same provisions irrespective of the affiliate of University Hospitals to which I am applying to work or to which I may be transferred. I understand and agree that this application and all information provided by me or others or otherwise gathered by UH may be disclosed by UH at any time without notice so long as such disclosure is required by applicable law or is otherwise made to any affiliate or subsidiary of UH or to any government agency, agent or law enforcement officer, in good faith and for reasons relating to my application for employment, to protect the health or safety of any other employee or patient of any UH affiliate or subsidiary or for quality assurance or compliance purposes or for purposes of law enforcement or government investigation.

READ CAREFULLY BEFORE SIGNING

I agree that any claim or lawsuits relating to my service with University Hospitals or any of its subsidiaries or affiliates must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

This application will be considered active for six (6) months from the date filed. If you are hired, it continues to remain active and becomes part of your official employment record.

I HAVE READ AND UNDERSTAND THIS ENTIRE APPLICATION AND AGREE TO BE ABSOLUTELY BOUND BY ITS TERMS AND CONDITIONS.

Signature Carmelle Wilson

Date 11-5-09

AN EQUAL OPPORTUNITY EMPLOYER



University Hospitals

November 24, 2009

Camille Wilson
16327 Delray Ave.
Cleveland, OH 44128

Dear Camille:

Congratulations on your new position and welcome to University Hospitals. We are pleased that you have accepted the position as a **PRN Equipment Technician** with University Hospitals Case Medical Center! Your tentative start date will be **Monday, December 14, 2009**.

Below you will find the terms of your offer:

Health screen Information

You are scheduled for your post-offer/pre-employment health screen on a **date to be determined**. At this time you will also complete your on-roll paperwork and be fingerprinted.

Position Information

You will be reporting to **Kathy Deakins**, and you will be located at the University Hospitals Case Medical Center. You can contact your manager at 216-844-0188 for further work schedule information.

Compensation

Your hourly base rate will be **\$12.40**. You will be paid via direct deposit based on the pay periods set by UH and are subject to applicable taxes, withholdings and deductions. Salary levels are normally reviewed annually and recommendations for increase are based on your performance and the performance of the organization.

Orientation

You will need to attend Corporate Orientation on **Monday, December 14, 2009**. Orientation starts at **8:30 a.m.** and will be conducted at **Management Services Center, Media Room** (located at 3605 Warrenville Center Rd. Shaker Heights, OH – Intersection of Warrensville Center Rd., Chagrin Blvd., Northfield Rd.) Orientation will last **all day**. Please make sure you bring a photo ID with you to orientation.

You will also need to attend Day 2 Corporate Orientation on **Tuesday, December 15, 2009**. Orientation starts at **8:00 a.m.** and will be conducted at **Case Medical Center – Rainbow Babies and Children's Amphitheater**. Your manager will meet you at this Orientation.

Contingency Matters

This employment offer is contingent upon satisfactory completion of the following:

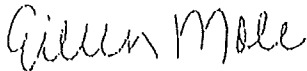
- Application for employment and related documents;
- Reference and state/federal criminal background check (including fingerprinting check);
- Verification of Education and applicable Licensure(s);

- A post-offer/pre-employment health assessment and drug screen;
- Additionally, an Employment Eligibility Form (I-9) must be completed within three (3) days of your start date.

University Hospitals reserves the right to withdraw this offer of employment or to terminate your employment (If you become employed by UH) should any of the results of the applicant review or health assessment be unsatisfactory in UH judgment. This letter sets forth the terms of your offer, and shall not be construed as a contract of employment for any fixed period of time. While employed at University Hospitals, you will be an employee at will.

Camille, we are pleased that you are joining University Hospitals and are confident this position will offer you the opportunity for a challenging and rewarding experience, just as your contributions will add to the continuing success of this organization. If you need additional information, please do not hesitate to contact me at 216-767-8353.

Sincerely,



Eileen Mole
Recruitment Specialist
University Hospitals Health System

Cc: Employee File
Deakins, Kathy
Gallagher, John
Myers, Timothy